



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

October 31, 2006

Connie Srebnik  
3386 Wildwood Lane  
Rogers City, MI 49779

RE: Application #: AF710285613  
Srebniks  
3386 Wildwood Lane  
Rogers City, MI 49779

Dear Ms. Srebnik:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license and special certification with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

Marcia S. Elowsky, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5472

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF710285613
<b>Applicant Name:</b>	Connie Srebnik
<b>Applicant Address:</b>	3386 Wildwood Lane Rogers City, MI 49779
<b>Applicant Telephone #:</b>	(989) 734-2917
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Srebniks
<b>Facility Address:</b>	3386 Wildwood Lane Rogers City, MI 49779
<b>Facility Telephone #:</b>	(989) 734-2917
<b>Application Date:</b>	08/24/2006
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## **II. METHODOLOGY**

08/24/2006	Enrollment
04/03/2006	Inspection Completed-Env. Health: A
09/06/2006	Application Incomplete Letter Sent
10/02/2006	Application Complete/On-site Needed
10/13/2006	Inspection Completed On-site
10/26/2006	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is a one-story home with a basement and attached garage. The home has vinyl siding and attached front deck. This home has been licensed as an adult foster care family home since December 1993. The home is located several miles north of Rogers City in a rural setting.

The home consists of two bedrooms (one resident bedroom), two bathrooms, kitchen, and dining area, and living room on the first floor. The basement is finished to include a family room, bedroom and bathroom. The heat plant and hot water heater are located in the utility room in the basement. The home utilizes natural gas. The inside and outside of the home is well maintained.

The resident bedroom measures 206 square feet, licensed for 3 residents. The total indoor living space is approximately 1108 square feet for the 4 occupants of the facility. It is the applicant's responsibility to not exceed the facility's licensed resident capacity.

An environmental health inspection occurred on April 3, 2006, at which time the sanitarian determined the facility to be in substantial compliance with applicable rules relating to the private well and septic system.

This consultant completed an on-site inspection on October 13, 2006 and determined the facility to be in full compliance with applicable rules relating to physical plant and fire safety. Battery operated smoke detection is located throughout the facility to include the basement.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to three (3) ambulatory, male and female adults whose diagnosis is developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no lein convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant submitted a financial declaration to establish the financial stability and capability to operate an adult foster care family home for three residents.

The supervision of residents in this family home licensed for (3) residents will be the responsibility of the family home applicant 24 hours a day and 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the additional training and qualification requirements for the responsible person(s) or volunteers providing a specialized program. The applicant acknowledges that prior to any individual working in the home in this capacity or providing care to residents in the home, that each person will have completed training and have been determined qualified by the applicant.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.mltcpartnership.org](http://www.mltcpartnership.org)), Identix, and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those responsible persons or volunteers that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person(s), or volunteer(s) and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

#### D. Rule/Statutory Violations

None.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this adult foster care family home (capacity 1-3).

*Marcia S. Elowsky*

10/31/2006

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:

*Christopher J. Hibbler*

10/31/2006

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Christopher J. Hibbler  
Area Manager

Date